DECLARATION AND POWER FOR PATENT APPLICATION

ATTORNEY

ттог	ОСКЕТ	NO.	1000323	2-1
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As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	oviding A Collimated Light Bear	<u>n</u>	
the specification of which	ch is attached hereto unless the	following box is che	cked:
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Number	as US Applicat _and was amended on	(if app	licable).
including the claims, as	nave reviewed and understood is amended by any amendment which is material to patentability	t(s) referred to abov	e. I acknowledge the duty t
Foreign Application(s) and/or	Claim of Foreign Priority		
inventor(s) certificate listed b	y benefits under Title 35, United Stat elow and have also identified below an pplication on which priority is claimed:		
			T
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
N/A			YES: NO:
			YES: NO: NO:
Provisional Application I hereby claim the benefit unbelow:	nder Title 35, United States Code Sec	tion 119(e) of any United	d States provisional application(s) listo
	APPLICATION SERIAL NUMBER	FILING DATE	
	N/A		
national or PCT international f		ch occurred between the f	duty to disclose material information a iling date of the prior application and the
national or PCT international f	filing date of this application:	ch occurred between the f	eduty to disclose material information a iling date of the prior application and the ipatented/pending/abandoned)
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APPLICATION SERIAL NUMB	filing date of this application:	ch occurred between the f	iling date of the prior application and th
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Inventor's Signature	Date		
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			_
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Post Office Address:	Same as residence		
David W. E	and -	22. Sir-	2000
inventor's Signature	Dat	te	
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Post Office Address:			
Inventor's Signature	Da	te	
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Full Name of # O toler to a state		Citizenship:	
Full Name of # 8 joint inventor		Ciuzensiip:	
Residence:			
Post Office Address:			
Inventor's Signature	Da	nte	